

CHILD'S ADMISSION FORM
FOR ENROLLMENT IN A
FAMILY CHILD CARE HOME
(Use a separate form for each child)

PARENTS: This information is required prior to enrollment of your child. Please assist your child care provider (registrant) by completing this form accurately.

Date Enrolled: _____

CHILD INFORMATION

Child's Full Name: _____ Birth date: _____

Address: _____ Phone: _____

PARENT INFORMATION

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Address (if different): _____

Work Site Address: _____ Work Phone: _____

Other Parent/Guardian Full Name: _____ Employer: _____

Other Parent/Guardian Address: _____

Other Parent/Guardian Work Site Address: _____

Other Parent/Guardian Home Phone: _____ Work Phone: _____

EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name of Child's Doctor: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Hospital Preference: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

If your child has any allergies, takes medication or has special dietary requirements, or other identified needs, please describe (use additional sheets if necessary):

PERMISSION & UNDERSTANDING STATEMENTS

(Initial Below)

____ I understand every effort will be made to contact me incase of emergency. I hereby authorize the registrant _____ (caregiver) to obtain emergency medical care for _____ (Name of child).

____ I authorize my child (_____) to participate in wading pool activities.

____ I authorize my child (_____) to participate in swimming activities.

____ I hereby authorize transportation to be provided. I acknowledge that _____ (caregiver) has provided me with a general description detailing types, frequency and sample destinations when children may be transported.

____ I acknowledge that if religious activities are offered, I have been given a general description of these activities.

____ I have been informed that tobacco use will not/will (circle one) occur in the home, but not in the presence of children.

____ I acknowledge that the following have been explained:

- Daily schedule
- Walking trips, if any
- Substitute caregiver(s)
- Typical activities (indoor and outdoor)
- Car trips, if any

____ The Registrant has informed me that they do ____ or do not ____ have liability insurance coverage for their Registered Family Day Care Home business.

Please provide any other infomraiton about your child which would be helpful, such as play habits, sleeping habits, fears, likes, dislikes, etc.

The following persons are authorized to pick up my child:

1. _____ Daytime phone # _____
2. _____ Daytime phone # _____

Please attach to this form either:

- 1) Evidence of immunization appropriate to your child's age, OR
- 2) A immunization exemption form due to medical, religious or moral beliefs.

Signed: _____
Parent or Guardian

Date: _____